MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER I" AMENDMENT 2 ™ AMENDMENT AFTER AS FILED AFTER I"AMENDMENT IND. DEP. IND: 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 8,0 0.3 TOTAL IND TOTAL IND.

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